CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS RECEIVED SE Only

COVER PAGE

MAR 2 6 2009

Please type or print in ink.

A Public Document

			COVEDNOD'S OFFICE
NAME (LAST)	(FIRST)	(MIDDLE)	PATHAE THE RHRYE NUMBER
Imperato	Jane	Phyllis	(916)445-7097
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
Office of the Governor State Capitol	Sacramento	CA 95814	
1 055		4 Cabadula Cumm	

(May use business address)		
Office of the Governor	State Capitol	Sacramento
1. Office, Agency,	or Court	
Name of Office, Agency		
Office of the Governo		
Division, Board, District	, if applicable:	
Your Position:		
Director of Special Pre	ojects	
► If filing for multiple p position(s): (Attach	ositions, list addition a separate sheet if	
Agency:		
Position:		
2. Jurisdiction of	Office (Check at	t least one box)
State		
County of		
☐ City of		
☐ Multi-County		
Other		
3. Type of Statem	ent (Check at le	ast one box)
☐ Assuming Office/Init	tial Date:	J
Annual: The period through December		1, 2008,
	-or-	
O The period cover December 31, 20	red is'''	, through
Leaving Office Da (Check one)	te Left:	·
O The period cover date of leaving of	red is January 1, 20 office.	08, through the
	-or-	
O The period cover the date of leaving	red is/ ng office.	, through
☐ Candidate Election	on Year:	

4. Schedule Summary	
► Total number of pages including this cover page:	
► Check applicable schedules or "No reportable interests."	
I have disclosed interests on one or more of the attached schedules:	
Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)	
Schedule A-2 Yes – schedule attached Investments (10% or greater Ownership)	
Schedule B Real Property Yes – schedule attached	
Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)	
Schedule D Yes – schedule attached	
Schedule E Yes – schedule attached Income – Gifts – Travel Payments	
-or-	
No reportable interests on any schedule	

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

March 21, 2009	
formally don march	
	March 21, 2009

FPPC Form 700 (2008/2009)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES CO	700
Name	
JANE INDE	RATO

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Allstate Corp.	General Electric
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Insurance	Industrial Conglomerate
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$\$10,001 - \$100,000	∑ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock	⁺ Stock
Other	Other
Other(Describe)	Other(Describe)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	04 , 11 , 08 , , 08
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Cisco Systems, Inc.	Hewlett Packard
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Internet Connectivity technology	Technology
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	⊠ \$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock	Stock
Other	Other
(Describe)	(Describe)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	SHOWER STORY OF THE STORY OF TH
	/
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Duke Energy Corp.	Kraft Foods
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Energy and Uitilities	Processed Foods
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 S10,001 - \$100,000	☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock	Stock
Clines	Other
Other(Describe)	(Describe)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
ı	I
Comments:	

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
JA	NE IMPERATO

NAME OF BUSINESS ENTITY Altria Group, Inc.	► NAME OF BUSINESS ENTITY Wyeth
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Tobacco	Pharmaceuticals
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock	NATURE OF INVESTMENT Stock
Stock	
Other(Describe)	Other(Describe)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	04 / 11 / 08 / / 08
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Novartis AG ADR	Chevron
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Pharmaceuticals	gas and oil
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$310,001 - \$100,000 Over \$1,000,000	\$2,000 - \$10,000 \$100,000 \$100,000 Over \$1,000,000
NATURE OF INVESTMENT Stock	NATURE OF INVESTMENT Stock
Other	Other
(Describe)	(Describe)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Phillip Morris International	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Tobacco	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,000 Over \$1,000,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock	NATURE OF INVESTMENT Stock
∑ Stock	- Stock
Other(Describe)	Other(Describe)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
1 , 23 , 08 / / 08	/ / 08 // / 08
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	ı
Comments:	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
TAN	E INPERATO	

STREET ADDRESS OR PRECISE LOCATION	► STREET ADDRESS OR PRECISE LOCATION
1782 Haydn Drive	
CITY	CITY
Cardiff by the Sea, CA	
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	S0 - \$499 S500 - \$1,000 S1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
Jeanne Cheng	
	al lending institutions made in the lender's regular course public without regard to your official status. Personal loans of business must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS	ADDRESS
BUSINESS ACTIVITY OF LENDER	BUSINESS ACTIVITY OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
Jane Imperato		

- Reminder you must mark the gift or income box.
- You are not required to report "income" from government agencies.

	1
NAME OF SOURCE	NAME OF SOURCE
California State Protocol Foundation	California State Protocol Foundation
ADDRESS	ADDRESS
1215 K Street, Suite 1400 CITY AND STATE	1215 K Street, Suite 1400 CITY AND STATE
	11 *************
Sacramento, CA	Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 8 / 10 / 08 - 8 / 15 / 08 AMT: \$ 808.51	DATE(S): 11 / 16 / 08 - 11 / 19 / 08 AMT: \$ 425.88
TYPE OF PAYMENT: (must check one) 🔀 Gift 🔲 Income	TYPE OF PAYMENT: (must check one) X Gift Income
DESCRIPTION: Border Governors Conference	DESCRIPTION: Governor's Global Climate Summit
▶ NAME OF SOURCE	➤ NAME OF SOURCE
ADDRESS	ADDRESS
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/	DATE(S):/ AMT: \$
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
Comments:	